

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	LOI NGUYEN		COURT CASE NUMBER	C.A. No. 04-11781-DPW
DEFENDANT	NMT Medical, Inc.		TYPE OF PROCESS	S&C
SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN			
	NMT Medical Inc. 27 wormwood st. Boston MA 02210			
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
	27 wormwood st. Boston MA 02210			

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

LOI NGUYEN
92 Saint Marks Rd #1
Dorchester, MA 02124

Number of process to be served with this Form - 285	1
Number of parties to be served in this case	1
Check for service on U.S.A.	1

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

RECEIVED
U.S. MARSHAL SERVICE
BOSTON, MA
JAN 3 2005
P 2:09

Signature of Attorney or other Originator requesting service on behalf of:

[Handwritten Signature]

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

617 282 2756

DATE

12/3/04

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 035	District to Serve No. 035	Signature of Authorized USMS Deputy or Clerk <i>[Handwritten Signature]</i>	Date 1/03/05
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

J. Hue, Admin Asst.

Address (complete only if different than shown above)

☒ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

1/03/05 3:00 pm

Signature of U.S. Marshal or Deputy

[Handwritten Signature]

Service Fee 45.00	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits 45—	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

1/4 - Served J. Hue who accepted service on behalf of NMT Medical.